



Edward Deyermond, Mayor  
 Edward J. Gregory, Trustee  
 Brian Gilbride, Trustee  
 Sandra L. Schroeder, Village Clerk

631-725-0222  
 P.O. Box 660  
 55 Main St., Sag Harbor, L.I., N.Y. 11963-0015  
 Fax: 631-725-0316  
**OFFICE OF THE FIRE MARSHAL**  
 631-725-2804

Gregory N. Ferraris, Deputy Mayor  
 Tiffany Scarlato, Trustee  
 Craig Furrer, Village Treasurer  
 Lisa Kombrink, Esq.

## COMMERCIAL KITCHEN HOOD FIRE SYSTEM REPORT

CUSTOMER	
NAME	_____
ADDRESS	_____
PHONE	_____
OWNER/MANAGER	_____

CONTRACTOR	
NAME	_____
ADDRESS	_____
CITY/STATE/ZIP	_____
PHONE	_____

EXTINGUISHING SYSTEM	
MANUFACTURER	_____
MODEL NUMBER	_____
TYPE	_____
CYLINDER SIZE	_____

INSPECTION	
TODAY'S DATE	_____
COMPANY THAT PERFORMED LAST INSPECTION	<input type="checkbox"/> SAME AS ABOVE <input type="checkbox"/> UNK <input type="checkbox"/> _____
DATE OF LAST INSPECTION	_____

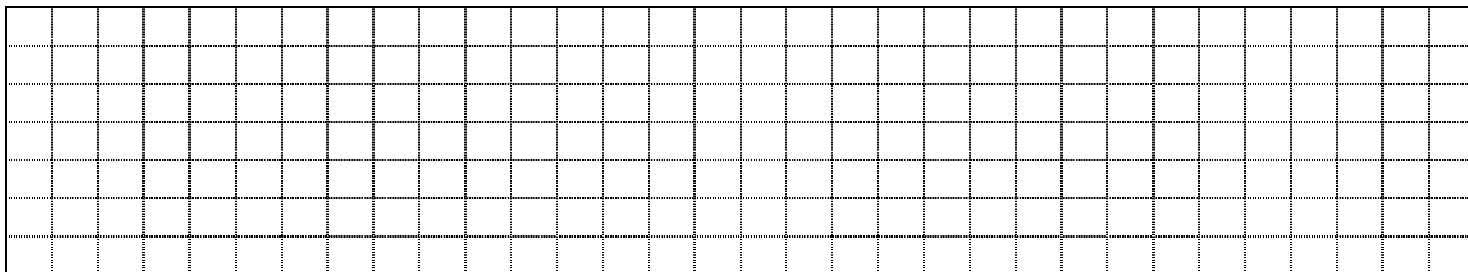


DIAGRAM OF INSTALLED EQUIPMENT

**OVER ▶**

SYSTEM SUPERVISION	
IS THERE A FIRE ALARM SYSTEM PRESENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
IS THE EXTINGUISHING SYSTEM MONITORED BY THE FIRE ALARM?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> UNK
ELECTRICITY IS REQUIRED FOR EXTINGUISHING SYSTEM OPERATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
SYSTEM HAS AUDIBLE OR VISUAL ALERT AFTER DISCHARGE	<input type="checkbox"/> YES <input type="checkbox"/> NO
MANUAL ACTIVATION	
LOCATED BETWEEN 42 IN. AND 60 IN. ABOVE THE FLOOR	<input type="checkbox"/> YES <input type="checkbox"/> NO
ACCESSIBLE AND LOCATED IN A PATH OF EGRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO
CLEARLY IDENTIFIES THE HAZARD PROTECTED	<input type="checkbox"/> YES <input type="checkbox"/> NO
FAILURE WILL IMPAIR AUTOMATIC SYSTEM OPERATION	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
SEAL IS INTACT	<input type="checkbox"/> YES <input type="checkbox"/> NO
PERSONNEL INSTRUCTED IN THE USE OF THE SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO
AUTOMATIC OPERATION	
VERIFIED TRAVEL OF CABLE AND LINK POSITION	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
VERIFIED OPERATION OF GAS SHUTOFF VALVE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
VERIFIED OPERATION OF MICRO-SWITCH	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
CHECKED AND CLEANED FUSIBLE LINKS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
MANUFACTURE DATE OF FUSIBLE LINKS	DATE: _____
REPLACED FUSIBLE LINKS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
NOZZLES CLEANED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
PROPER NOZZLE CAPS IN PLACE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
GAS SHUTOFF VALVE CONTROLS ALL EQUIPMENT PROTECTED BY SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

EXHAUST HOOD	
HOOD CLEANING STICKER IS AFFIXED	<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF LAST HOOD CLEANING	DATE: _____
GREASE ACCUMULATION	<input type="checkbox"/> HEAVY <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT
FILTERS ARE INTACT	<input type="checkbox"/> YES <input type="checkbox"/> NO
FAN IS IN OPERATING ORDER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
LIGHTING IN HOOD IS PROPERLY PROTECTED FROM DAMAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> UNK
COOKING EQUIPMENT	
16" SEPARATION BETWEEN FRIER AND SURFACE FLAME EQUIPMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> UNK
BARRIER INSTALLED BETWEEN FRIER AND SURFACE FLAME EQUIPMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> UNK
EQUIPMENT APPEARS TO BE IN OPERABLE CONDITION	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
COMBUSTIBLES STORED NEAR COOKING EQUIPMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
EXTINGUISHING SYSTEM	
COMPLIANT COVERAGE FOR ALL APPLIANCES	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMPLIANT COVERAGE OF EXHAUST DUCT AND PLENUM AREAS	<input type="checkbox"/> YES <input type="checkbox"/> NO
CARTRIDGE WEIGHT CHECKED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
PIPING AND CYLINDER SECURELY FASTENED TO STRUCTURE	<input type="checkbox"/> YES <input type="checkbox"/> NO
CYLINDER HYDROSTATIC TEST DATE	DATE: _____
AUXILIARY EQUIPMENT	
TYPE K PORTABLE FIRE EXTINGUISHER PRESENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
EXTINGUISHER IS PLACARDED AS BACKUP EXTINGUISHMENT MEANS	<input type="checkbox"/> YES <input type="checkbox"/> NO
PERSONNEL ARE INSTRUCTED IN THE USE OF EXTINGUISHER	<input type="checkbox"/> YES <input type="checkbox"/> NO

### LEAVE NO QUESTION UNANSWERED

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAS ANY EQUIPMENT BEEN ADDED SINCE LAST INSPECTION? ☐ YES ☐ NO ☐ UNK  
 IS EXTINGUISHING SYSTEM UL 300 COMPLIANT? ☐ YES ☐ NO

SYSTEM IS ARMED AND OPERATIONAL: ☐ YES ☐ NO

SIGNED: \_\_\_\_\_  
 TECHNICIAN NAME NOT COMPANY NAME

\_\_\_\_\_  
 OWNER OR AGENT

RETURN TO THE SAG HARBOR VILLAGE FIRE MARSHAL  
 PO BOX 660, SAG HARBOR, N.Y. 11963  
 TEL: 631-725-2804 FAX: 631-725-4852